



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

MEMORANDUM

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DATE: March 24, 1981

EPA Region 5 Records Ctr.



393507

APR 13 1981

TO: Division File

E.P.A. — D.L.P.C.
STATE OF ILLINOIS

FROM: Pamela D. LoPinto

SUBJECT: USEPA ISS Inspection of Winnebago County, Rockford/Rockford
Products Corporation (Plant #2), 612 Harrison Ave, Rockford,
IL 61101 *ILD00805895*
USEPA ID# *ILD005212097*
IEPA Registration # LPC 20103032

Reference should be made to the ISS Inspection of Rockford Products Corporation (Plant #3), 707 Harrison Ave., Rockford, IL 61101, USEPA ID# ILD00805895. The two facilities are very similar in terms of the information requested on the RCRA Inspection reports. The expense of duplicating the Contingency and Emergency Procedure Plan, Equipment Inspection Schedule, Waste Analysis Plan and plan sheets has been avoided as these materials are available by referring to the Plant #3 report.

Plant #2 manufactures and plates screws. A 2 stage Pfaudler Cyanide Evaporator (600 gal/hr) is employed, as at Plant #3, however, cyanide is not chlorine treated. Sludges generated from the Pfaudler are placed in 55 gallon drums or in a 850 gallon dempster tank truck and hauled to Plant #3 for incineration. Oils generated at Plant 2 are hauled to Plant 3 for incineration. Rockford Products has 2 dump trucks and 2 vans which are registered with IEPA. Plant 2 also has a wastewater treatment system and the sludge produced is hauled to Plant 3 twice each day.

The sludge is held in the Browning Ferris Industries container at Plant 3. Unlike Plant 3, the wastewater treatment system at Plant 2 is isolated from the plating operation and is completely contained in one area.

No wastes are "stored" at Plant 2. All wastes are transported within 90 days to Plant 3. No manifests are used due to the attached Illinois PCB Opinion. Plant 2 is on the adjacent corner of the intersection of two four-lane highways from Plant 3. I explained to Mr. Hammond that while IEPA may consider the two plants to be one site, the USEPA does not.

Rockford Products Corporation's Plant 2 appears to be exempt from the permit requirement for storage and treatment of hazardous waste.

PDL:lab

cc: Rockford Region
Springfield

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RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS -
TREATMENT, STORAGE, AND DISPOSAL FACILITIES
Form 1 - General Facility Standards

E.P.A. — D.L.P.C.
STATE OF ILLINOIS

I. General Information:

(A) Facility Name: / Rockford Products Corporation (Plant #2)

(B) Street: 612 Harrison Ave.

(C) City: Rockford (D) State: IL (E) Zip Code: 61101

(F) Phone: 815/397-6000 (G) County: Winnebago

(H) Operator: Rockford Products Corporation

(I) Street: 612 Harrison Ave.

(J) City: Rockford (K) State: IL (L) Zip Code: 61101

(M) Phone: 815/397-6000 (N) County: Winnebago

(O) Owner: Rockford Products Corporation

(P) Street: 612 Harrison Ave.

(Q) City: Rockford (R) State: IL (S) Zip Code: 61101

(T) Phone: 815/397-6000 (U) County: Winnebago

(V) Type of Ownership: State Federal County Municipal Private

(W) Date of Inspection: 3/24/81 (Q) Time of Inspection (From) 2:30 p (To) 3:00 p

(X) Weather Conditions: 40° SUNNY DRY

III. GENERAL FACILITY STANDARDS

	Yes	No	Not Inspected	See Remark Number
(A) Has the Regional Administrator been notified regarding:				
1. Receipt of hazardous waste from a foreign source?	<u> </u>	<u> ✓ </u>	<u> ✓ </u>	<u> N/A </u>
2. Transfer of Ownership?	<u> </u>	<u> ✓ </u>	<u> ✓ </u>	<u> N/A </u>
(B) General Waste Analysis:				
1. Has the owner ^{or} operator obtained a detailed chemical and physical analysis of the waste?	<u> ✓ </u>	<u> </u>	<u> </u>	<u> </u>
2. Does the owner ^{or} operator have a detailed waste analysis plan on file at the facility?	<u> ✓ </u>	<u> </u>	<u> </u>	<u> </u>
3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	<u> </u>	<u> ✓ </u>	<u> ✓ </u>	<u> N/A </u>
(C) Security - Do security measures include:				
1. 24-Hour Surveillance?	<u> ✓ </u>	<u> </u>	<u> ✓ </u>	<u> </u>
2. Artificial or Natural Barrier Around Facility?	<u> ✓ </u>	<u> </u>	<u> </u>	<u> </u>
3. Controlled Entry?	<u> ✓ </u>	<u> </u>	<u> </u>	<u> </u>
4. Danger Sign(s) at Entrance?	<u> </u>	<u> ✓ </u>	<u> </u>	<u> </u>
(D) Do Owner ^{or} Operator Inspections Include:				
1. Records of Malfunctions?	<u> ✓ </u>	<u> </u>	<u> ✓ </u>	<u> </u>
2. Records of Operator Error?	<u> ✓ </u>	<u> </u>	<u> ✓ </u>	<u> </u>
3. Records of Discharges?	<u> ✓ </u>	<u> </u>	<u> ✓ </u>	<u> </u>
4. Inspection Schedule?	<u> ✓ </u>	<u> </u>	<u> </u>	<u> </u>
5. Safety, Emergency Equipment?	<u> ✓ </u>	<u> </u>	<u> </u>	<u> </u>
6. Security Devices?	<u> ✓ </u>	<u> </u>	<u> </u>	<u> </u>
7. Operating and Structural Devices?	<u> ✓ </u>	<u> </u>	<u> </u>	<u> </u>
8. Inspection Log?	<u> ✓ </u>	<u> </u>	<u> ✓ </u>	<u> </u>

	Yes	No	Not Inspected	See Remark Number
(C) Testing and Maintenance of Emergency Equipment:				
1. Has the Owner or Operator established Testing and Maintenance Procedures for Emergency Equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is Emergency Equipment Maintained in Operable Conditions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) Has Owner ^{or} Operator Provided Immediate Access to Internal Alarms (if needed)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) Is there Adequate Aisle Space for Unobstructed Movement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(F) Are Arrangements with Local Authorities Included in the Operating Record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. CONTINGENCY PLAN AND EMERGENCY PROCEDURES

(A) Does the Contingency Plan Contain the Following Information:

1. The actions facility personnel must take to comply with §264.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Counter-measures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part.)
2. Arrangements agreed to by Local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §264.37?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING

	Yes	No	Not Inspected	See Remark Number
(A) Use of Manifest System				
1. Does the facility follow the procedures listed in §265.71 for processing each Manifest?	<u> </u>	<u> ✓ </u>	<u> ✓ </u>	<u> </u>
2. Are records of past shipments retained for 3 years?	<u> </u>	<u> ✓ </u>	<u> ✓ </u>	<u> </u>
(B) Does the owner or operator meet requirements regarding Manifest Discrepancies?	<u> </u>	<u> ✓ </u>	<u> ✓ </u>	<u> </u>
(C) Operating Record				
Does the facility maintain an operating record at the site as required in §265.73?	<u> ✓ </u>	<u> </u>	<u> </u>	<u> </u>
(D) Availability, Retention and Disposition of Records				
Are all records available at the site for inspection as required in §265.74?	<u> ✓ </u>	<u> </u>	<u> </u>	<u> </u>

VIII. CLOSURE AND POST CLOSURE

(A) Closure and Post Closure				
1. Closure Plan Available for Inspection by May 19, 1981?	<u> ✓ </u>	<u> </u>	<u> </u>	<u> </u>
2. Has this plan been submitted to the Regional Administrator?	<u> </u>	<u> ✓ </u>	<u> </u>	<u> </u>
3. Has Closure begun?	<u> </u>	<u> ✓ </u>	<u> </u>	<u> </u>
4. Is closure cost estimate available by May 19, 1981?	<u> ✓ </u>	<u> </u>	<u> </u>	<u> </u>
(E) Post Closure Care and Use of Property				
- Has the Owner ^{or} Operator supplied a Post Closure Monitoring Plan (by May 19, 1981)?	<u> </u>	<u> ✓ </u>	<u> </u>	<u> </u>

10/1/81

000805895
IL D 005242097 BB
EPA IDENTIFICATION NUMBER

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RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
Form 2 - Generator Inspection

E.P.A. — D.L.P.C.
STATE OF ILLINOIS

I. General Information:

(A) Installation Name: Rockford Products Corporation (Plant #2)

(B) Street: 612 Harrison Ave.

(C) City: Rockford (D) State: IL (E) Zip Code: 61101

(F) Phone: 815/397-6000 (G) County: Winnebago

(H) Operator: Rockford Products Corporation

(I) Street: 612 Harrison Ave.

(J) City: Rockford (K) State: IL (L) Zip Code: 61101

(M) Phone: 815/397-6000 (N) County: Winnebago

(O) Owner: Rockford Products Corporation

(P) Street: 612 Harrison Ave.

(Q) City: Rockford (R) State: IL (S) Zip Code: 61101

(T) Phone: 815/397-6000 (U) County: Winnebago

 Federal Municipal ✓ Private

(V) Type of Ownership: State County

(W) Date of Inspection: 3/24/81 Time of Inspection (From) 2³⁰ p (To) 3 p

(X) Weather Conditions: 40° sunny dry

III. MANIFEST

	Yes	No	Not Inspected	See Remark Number
(A) Are copies of the Manifest available?	<u> </u>	<u> ✓ </u>	<u> ✓ </u>	<u> </u>
(B) Does the Manifest contain the following information:				
1. Manifest document number?	<u> </u>	<u> ✓ </u>	<u> ✓ </u>	<u> </u>
2. Name, mailing address, telephone number, and EPA ID Number of Generator?	<u> </u>	<u> ✓ </u>	<u> ✓ </u>	<u> </u>
3. Name and EPA ID Number of Transporter(s)?	<u> </u>	<u> ✓ </u>	<u> ✓ </u>	<u> </u>
4. Name, Address, and EPA ID Number of Designated permitted facility and alternate facility?	<u> </u>	<u> ✓ </u>	<u> ✓ </u>	<u> </u>
5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<u> </u>	<u> ✓ </u>	<u> ✓ </u>	<u> </u>
6. The total quantity of waste(s) and the type and number of containers loaded?	<u> </u>	<u> ✓ </u>	<u> ✓ </u>	<u> </u>
7. Required Certification?	<u> </u>	<u> ✓ </u>	<u> ✓ </u>	<u> </u>
8. Required Signatures?	<u> </u>	<u> ✓ </u>	<u> ✓ </u>	<u> </u>
(C) Does the Owner or Operator Submit Exception Reports when Needed?	<u> </u>	<u> ✓ </u>	<u> ✓ </u>	<u> </u>

IV. PRE-TRANSPORT REQUIREMENTS

(A) Is Generator Packaging waste in accordance with DOT Regulations?	<u> </u>	<u> ✓ </u>	<u> ✓ </u>	<u> </u>
(B) Are waste packages marked and labeled in accordance with DOT Regulations concerning hazardous waste materials?	<u> </u>	<u> ✓ </u>	<u> ✓ </u>	<u> </u>
(C) If required, are placards available to transporter?	<u> ✓ </u>	<u> </u>	<u> </u>	<u> </u>

	Yes	No	Not Inspected	See Remark Number
5. If hazardous wastes accumulate on site, does the generator follow the following general facility standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. Do Personnel training records include:				
1. Job Titles?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Description of Training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Records of Training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is Personnel Training Completed within the Required Time Frame?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Preparedness and Prevention				
1. Maintenance and Operation of Facility:				
a. Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the Facility have the following equipment?				
a. Alarm system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Telephone or 2-Way Radios?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Indicate the volume of water and/or foam available for fire control				
Units:	<u>150,000 g H₂O</u>			
3. Testing and Maintenance of Emergency Equipment:				
a. Has the Owner or Operator established testing and Maintenance Procedures for Emergency Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Is emergency equipment Maintained in Operable Condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Not Inspected	See Remark Number
2. Are copies of the Contingency Plan available at site and local Emergency Organizations?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
3. Emergency Coordinator				
a. Is the Facility Emergency Coordinator Identified?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
b. Is Coordinator Familiar with all aspects of site operation and Emergency Procedures?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
4. Emergency Procedures				
If an Emergency Situation has occurred at this facility; has the Emergency Coordinator followed the Emergency Procedures listed in §256.56?	<u> </u>	<u>✓</u>	<u> </u>	<u>n/a</u>

V. RECORDKEEPING

(A) Are Manifests, Annual Reports, Exception Reports, and All Test Results and Analyses Retained for at least three years?	<u> </u>	<u>✓</u>	<u>✓</u>	<u> </u>
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VI. INTERNATIONAL SHIPMENTS

(A) Has the Installation Imported or Exported Hazardous Waste?	<u> </u>	<u>✓</u>	<u>✓</u>	<u> </u>
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(If A was answered Yes, then complete one or both of the following)

1. Exporting Hazardous waste, has a generator:				
a. Notified the Administrator in writing?	<u> </u>	<u> </u>	<u> </u>	<u> </u>
b. Obtained the Signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
Form 3 - Transporter Inspection

E.P.A. - D.L.P.C.
STATE OF ILLINOIS

I. General Information:

(A) Transporter Name: Rockford Products Corporation
(B) Street: 612 HARRISON AVE
(C) City: ROCKFORD (D) State: IL (E) Zip Code: 61101
(F) Phone: 815 397-6000 (G) County: WINNEBAGO

(H) Operator: Rockford Products Corporation
(I) Street: 612 Harrison Ave.
(J) City: Rockford (K) State: IL (L) Zip Code: 61101
(M) Phone: 815/397-6000 (N) County: Winnebago

(O) Owner: Rockford Products Corporation
(P) Street: 612 Harrison Ave.
(Q) City: Rockford (R) State: IL (S) Zip Code: 61101
(T) Phone: 815/397-6000 (U) County: Winnebago

_____ Federal _____ Municipal ☒ Private
(V) Type of Ownership: _____ State _____ County
(W) Date of Inspection: 3/24/81 Time of Inspection: 2³⁰p (To) 3⁰⁰p
(X) Weather Conditions: 40° SUNNY DRY

(Y) Person(s) Interviewed	Title	Telephone
<u>STEVE REID</u>	<u>PLANT ENGINEER</u>	<u>3976000</u>
<u>LARRY HAMMOND</u>	<u>PLANT MANAGER</u>	<u>3976000</u>
_____	_____	_____
(Z) Inspection Participants	Title	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. OTHER TYPE OF HAZARDOUS WASTE ACTIVITY

- | | |
|--|--|
| (A) <input checked="" type="checkbox"/> Generator (Form 2) | (B) _____ Chemical, Physical and Biological Treatment (Form 4) |
| (C) _____ Storage (Form 5) | (D) _____ Landfill (Form 6) |
| (E) _____ Incineration (Form 7) | (F) _____ Thermal Treatment (Form 7) |
| (G) Comments: _____ | |
| _____ | |
| _____ | |
| _____ | |

Supplemental forms (Listed in Parathesis) must be completed for each activity inspected. Attach all Supplemental forms to this report.

III. RECORDKEEPING

- | | Yes | No | Not Inspected | See Remark Number |
|---|-------|-------------------------------------|-------------------------------------|-------------------|
| (A) Are Copies of the Completed Manifest(s) or Shipping Paper(s) Available For Review and Retained for Three Years? | _____ | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | _____ |

IV. INTERNATIONAL SHIPMENTS

	Yes	No	Not Inspected	See Remark Number
A. Does the Transporter Record on the Manifest the Date the Waste left U.S.? ^{^ the}	_____	_____	_____	<u>N/A</u>
B. Are Completed Manifest(s) on File?	_____	_____	_____	<u>N/A</u>

V. MISCELLANEOUS

A. Does Transporter Transport Hazardous Waste Into the U.S. from Abroad?	_____	<u>✓</u>	<u>✓</u>	_____
B. Does the Transporter Mix Hazardous Waste of Different DOT Shipping Descriptions by Placing them into a Single Container?	_____	<u>✓</u>	<u>✓</u>	_____

NOTE: If (A) or (B) were answered "Yes" then the Transporter is also a Generator and Must comply with the Generator Regulations.

VI. PREPARER INFORMATION

A. Name: Pamela LoPinto
 Title: IEPA / DLPC LSCT
 Phone No.: 815 9877404

Remarks: See narrative

